



The Village of East Troy Municipal Building

2015 Energy Drive | East Troy, WI | 53120

Office: 262-642-6255 | FAX: 262-642-6259

www.easttroy-wi.com

OPEN RECORDS REQUEST

Public records may be requested, inspected and copies obtained during business hours of Monday through Friday, 9:00 AM to 4:00 PM. In some cases, records may require retrieval and therefore may not be immediately available for inspection. Every effort will be made to respond to the open records request as soon as is practicable and without delay. Allow at least 10 days for information to be researched.

In an effort to fill your request in the shortest amount of time, please be as specific as possible in your request. Please fill in all information requested and you will be contacted when your request is ready for review or pick up in accordance with s.s. 19.35(4). If the requested information is not picked up within 7 days after you have been notified, a new request will be required and you will be charged for both searches before being provided copies of your requests.

Any information given orally or in writing by Village Officials may be subject to errors or omission and shall not be a binding liability upon the Village of East Troy.

In making this request, I understand that I will be charged as listed below, for the various services requested. There is no cost to view the reports requested. **Initials of Requester:** _____

CHARGE FOR RECORDS:

\$.25 PER PAGE per side of page. The Village of East Troy may charge for any and all costs associated with complying with an open records request up to and including applicable shipping, mailing and hourly wages of employees. Per 19.35(3)(f) a prepayment of such costs associated with an open record request in excess of \$5.00 may be required prior to processing such open records request.

IF SEARCH HOURS ARE NEEDED CURRENT HOURLY RATE OF EMPLOYEE THAT DOES THE SEARCH WILL BE ADDED.

\$1.00 FOR MAILED REQUESTS PLUS THE COST OF COPIES PER ABOVE

PLEASE CHECK: _____ TO BE MAILED _____ WILL PICK UP (LIST DATE/TIME)

DATE OF REQUEST: _____ TIME OF REQUEST: _____

PERSON REQUESTING RECORDS: (optional)

NAME: _____ GROUP: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: (required for notification) _____

RECORDS REQUESTED:

DATE(S) OF RECORD: _____

REASON FOR REQUEST (optional) _____

SPECIFIC DESCRIPTION OF RECORDS REQUESTED _____

DISPOSITION OF REQUEST: APPROVED: YES OR NO

____ COUNTER _____ DATE _____ INITIALS

____ RECD BY

____ MAILED _____ DATE _____ INITIALS

OF PAGES _____ TOTAL CHARGE _____ EMP _____

COMMENTS: _____